

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN - NORTHERN DIVISION**

In re:

**Leon Archambault & Joyce Archambault,**

Debtor(s),

Case No.13-21945

Chapter 13 Proceeding

Hon. Daniel S. Opperman

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**OBJECTION TO PROOF OF CLAIM 6 - MICHIGAN DEPARTMENT OF TREASURY**

NOW COMES the Debtor, **Leon Archambault**, by and through his counsel, KIMBERLY A. KRAMER, P.L.C., by KIMBERLY A. KRAMER, and for his Objection state as follows:

1. That the Michigan Department of Treasury filed Proof of Claim 6 on October 16, 2013 alleging 2009 general unsecured tax due in the amount of \$722.15 and 2012 priority tax due in the amount of \$634.25; (Exhibit "A")
2. That Debtor's income tax returns show a refund for tax year 2009 and 2012; (Exhibit "B")
3. That a proposed Order is attached; (Exhibit "C")

WHEREFORE, Debtor respectfully requests this Honorable Court sustain their Objection and disallow claim **b**

Dated: November 5, 2013

Respectfully Submitted,  
**KIMBERLY KRAMER, P.L.C.**  
/s/ Kimberly A. Kramer  
KIMBERLY A. KRAMER (P59045)  
Attorney for Debtor  
916 Washington Avenue, Suite 320  
Bay City, MI 48708  
(989) 671-4333  
Kimberlykramerplc@sbcglobal.net

A

UNITED STATES BANKRUPTCY COURT DISTRICT OF EASTERN MICHIGAN		PROOF OF CLAIM
Name of Debtor: <b>LEON J ARCHAMBAULT</b> 6805 EAST ROAD SAGINAW, MI. 48601	Case Number: 13-21945 DOB	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Michigan Department of Treasury		
Name and address where notices should be sent: Michigan Department of Treasury Bankruptcy Unit P.O. Box 30168 Lansing, MI 48909 Telephone number: (517) 241-5002 email: N/A		<b>COURT USE ONLY</b> <input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name and address where payment should be sent (if different from above): Michigan Department of Treasury/Revenue/AG P.O. Box 30456 Lansing, MI 48909-7955 Telephone number: (517) 241-5002 email: N/A		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
<b>1. Amount of Claim as of Date Case Filed:</b> <u>\$ 1,356.40</u>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>Tax</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b> 7724	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Value of Property: \$ _____		Basis for perfection: <u>See Attached</u>
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
Amount entitled to priority: <u>\$634.25</u> <u>\$0.00</u> <u>Returns attached</u>		
<small>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

**8. Signature:** (See instruction #8)

Check the appropriate box.

☐ I am the creditor. ☒ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: SANDRA BRAUN

Title: Departmental Technician

Company: Michigan Department of Treasury

Address and telephone number (if different from notice address above):

P.O. Box 30168

Lansing, MI 48909

(Signature)

10/16/2013

(Date)

Telephone number: (517) 241-5002 email: N/A

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

#### INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

#### Items to be completed in Proof of Claim form

##### Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

##### Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

##### 1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

##### 2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

##### 3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

##### 3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

##### 3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

##### 4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

##### 5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

##### 6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

##### 7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

##### 8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

Michigan Department of Treasury 4265 (11-04) <b>Sworn Summary</b> Issued under federal code, Title XI <b>Type of Claim:</b> Priority Original	45423874	<b>Case Number:</b> 13-21945 DOB	<b>Page 1 of 1</b>  6782883
		<b>Taxpayer Identification:</b> 7724	<b>Attorney General:</b>

<b>LEON J ARCHAMBAULT</b> 6805 EAST ROAD SAGINAW, MI. 48601	<b>Other Identification:</b> S4989      S7724
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Assessment Number	Debt Code	Assessment Date	Account ID	Tax Period	*If Est	Tax Deficiency	Penalty	Interest
TX62558	IIT	08/21/13	S7724	1/1/2012 - 12/31/2012		\$627.00	\$0.00	\$7.25
						\$627.00	\$0.00	\$7.25

**Debt Codes:**

IIT - INCOME TAX

**TOTAL CLAIM**

**\$634.25**

\* An asterisk in this column indicates that tax liability is estimated based on the best information available since actual returns have not been filed. This claim will be adjusted when actual returns are filed.

SANDRA BRAUN \_\_\_\_\_ being duly sworn, deposes and says (s)he is authorized to act for the Department of Treasury and, to the best of her/his knowledge and belief, the defendant is indebted to the State of Michigan in this amount.

Signature \_\_\_\_\_ Date: 10/16/2013

Case 13-21945-dob Claim 6 Filed 10/16/13 Page 3 of 4



B

# 2009 MICHIGAN Individual Income Tax Return MI-1040

Return is due April 15, 2010.

Type or print in blue or black ink.

PLACE HERE LABEL	▶ 1 Filer's First Name <b>LEON</b>		M.I. <b>J</b>	Last Name <b>ARCHAMBAULT</b>		▶ 2 Filer's Social Security No. <b>- 7724</b>
	If a Joint Return, Spouse's First Name		M.I.	Last Name		▶ 3 Spouse's Social Security No. <b>- 4989</b>
	Home Address (No., Street, P.O. Box or Rural Route) <b>6805 EAST RD</b>					▶ 4 School District Code (5 digits - see instructions) <b>73180</b>
	City or Town <b>SAGINAW</b>	State <b>MI</b>	ZIP Code <b>48601</b>			

You may contribute to the **CHILDREN'S TRUST FUND** on line 22 of this form.

▶ 5 <b>STATE CAMPAIGN FUND</b> Check this box if you (or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a You <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	▶ 6 <b>FARMERS, FISHERMEN OR SEAFARERS</b> <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing or seafaring.
▶ 7 <b>FILING STATUS.</b> Check one. a <input type="checkbox"/> Single b <input type="checkbox"/> Married, filing jointly c <input checked="" type="checkbox"/> Married, filing separately* *If you check box 'c,' complete line 3 and enter spouse's name below: <b>JOYCE A ARCHAMBAULT</b>	▶ 8 <b>RESIDENCY.</b> Check all that apply. a <input checked="" type="checkbox"/> Resident b <input type="checkbox"/> Nonresident* c <input type="checkbox"/> Part-Year Resident* *If you check box 'b' or 'c,' you must complete and attach Schedule NR.

▶ 9 <b>EXEMPTIONS</b>	
a Number of exemptions you claimed on your 2009 federal return . . . . .	▶ 9a <input type="text" value="1"/> x \$3,600 <input type="text" value="3,600."/> <input type="text" value="00"/>
b Number of individuals 65 or older who qualify for a special exemption . . . . .	▶ 9b <input type="text" value="1"/> x \$2,300 <input type="text" value="2,300."/> <input type="text" value="00"/>
c Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled . . . . .	▶ 9c <input type="text" value="1"/> x \$2,300 <input type="text" value="2,300."/> <input type="text" value="00"/>
d Number of children ages 18 and under you claimed as Michigan exemptions . . . . .	▶ 9d <input type="text"/> x \$600 <input type="text"/> <input type="text" value="00"/>
e Number of qualified disabled veterans . . . . .	▶ 9e <input type="text"/> x \$300 <input type="text"/> <input type="text" value="00"/>
f If your unemployment compensation is 50% or more of your Adjusted Gross Income (amount claimed on line 10) check (X) the box and enter \$2,300 . . . . .	▶ 9f <input type="checkbox"/> (✓) \$2,300 <input type="text"/> <input type="text" value="00"/>
g If someone else can claim you as a dependent, check (X) the box, complete Worksheet 2 in the instructions, and enter the amount from the worksheet . . . . .	▶ 9g <input type="checkbox"/> (✓) 9g <input type="text"/> <input type="text" value="00"/>
h Add lines 9a, 9b, 9c, 9d, 9e, 9f and 9g. Enter here and on line 15. . . . .	9h <input type="text" value="8,200."/> <input type="text" value="00"/>
10 <b>Adjusted Gross Income</b> from your U.S. 1040, 1040A, 1040EZ or 1040NR (see instructions) . . . . .	▶ 10 <input type="text" value="27."/> <input type="text" value="00"/>
11 <b>Additions</b> from Michigan Schedule 1, line 7. Attach Schedule 1 . . . . .	▶ 11 <input type="text"/> <input type="text" value="00"/>
12 <b>Total.</b> Add lines 10 and 11 . . . . .	12 <input type="text" value="27."/> <input type="text" value="00"/>
13 <b>Subtractions</b> from Michigan Schedule 1, line 21. Attach Schedule 1 . . . . .	▶ 13 <input type="text" value="27."/> <input type="text" value="00"/>
14 <b>Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter '0' . . . . .	14 <input type="text" value="0."/> <input type="text" value="00"/>
15 <b>Exemption allowance.</b> Amount from line 9h or Schedule NR, line 20 . . . . .	▶ 15 <input type="text" value="8,200."/> <input type="text" value="00"/>
16 <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter '0' . . . . .	16 <input type="text" value="0."/> <input type="text" value="00"/>
17 <b>Tax.</b> Multiply line 16 by 4.35% (.0435). . . . .	17 <input type="text" value="0."/> <input type="text" value="00"/>
18 <b>Total Nonrefundable Credits.</b> Amount from Schedule 2, line 11. Attach Schedule 2 . . . . .	18 <input type="text" value="1."/> <input type="text" value="00"/>
19 <b>Income tax.</b> Subtract line 18 from line 17. If line 18 is greater than line 17, enter '0'. . . . .	▶ 19 <input type="text" value="0."/> <input type="text" value="00"/>

<b>DIRECT DEPOSIT</b> Deposit your refund directly into your bank account! See instructions and complete a, b and c.	a Routing Transit Number	b Type of Account: ▶ (1) <input checked="" type="checkbox"/> Checking (2) <input type="checkbox"/> Savings
	c Account Number	

+ 1030 2009 05 01 27 8

MIIA0212 10/27/09

Continue and sign on page 2.

20	Enter amount of Income Tax from line 19 . . . . .	20	0 . 00
21	Military Family Relief Fund. Enter your contribution amount (\$1 minimum) . . . . .	21	00
22	Children's Trust Fund. Enter your contribution amount (\$5 minimum) . . . . .	22	00
23	Children of Veterans Tuition Grant Program. Enter your contribution amount (\$2 minimum) . . . . .	23	00
24	Additional Voluntary Contributions from Form 4642, line 12, Attach Form 4642 . . . . .	24	00
25	<b>USE TAX</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1, line 3, in the instructions. . . . .	25	0 . 00
26	Add lines 20, 21, 22, 23, 24 and 25 . . . . .	26	0 . 00
<b>REFUNDABLE CREDITS AND PAYMENTS</b>			
27	Property Tax Credit. Attach MI-1040CR or MI-1040CR-2 . . . . .	27	627 . 00
28	Farmland Preservation Credit. Attach MI-1040CR-5. . . . .	28	00
29	Qualified Adoption Expenses. Attach U.S. 8839 and MI-8839 . . . . .	29	00
30	Stillbirth Credit. Amount from Worksheet 3, in the instructions . . . . .	30	00
31 a	Federal Earned Income Tax Credit . . . . .	31 a	00
b	Michigan Earned Income Tax Credit. Multiply line 31a by 20% (0.20) . . . . .	31 b	00
32	Energy Efficient Qualified Home Improvement Credit. Amount from Form 4764, line 7. . . . .	32	00
33	Michigan Historic Preservation Tax Credit (refundable). Amount from Form 3581, line 16a or 16b . . . . .	33	00
34	Michigan tax withheld from Schedule W, line 3. Attach Schedule W (do not submit W-2's) . . . . .	34	00
35	Estimated tax, extension payments and 2008 credit forward . . . . .	35	00
36	Total refundable credits and payments. Add lines 27 through 30, 31b, and 32 through 35 . . . . .	36	627 . 00
<b>REFUND OR TAX DUE</b>			
37	If line 36 is less than line 26, subtract line 36 from line 26. Include interest [ ] and penalty [ ] if applicable (see instr) . . . . . <b>PAY</b>	37	00
38	<b>Overpayment.</b> If line 36 is greater than line 26, subtract line 26 from line 36 . . . . .	38	627 . 00
39	<b>Credit Forward.</b> Amount of line 38 to be credited to your 2010 estimated tax for your 2010 tax return . . . . .	39	00
40	Subtract line 39 from line 38 . . . . . <b>REFUND</b>	40	627 . 00

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2008, check the appropriate box below.

☐ Filer is Deceased ☐ Spouse is Deceased

**Taxpayer Certification.** I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature

Date

Spouse's Signature

Date

☐ I authorize Treasury to discuss my return with my preparer.

☐ Yes ☐ No

**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

☐ Preparer's PTIN, FEIN or SSN

☐ Preparer's Business Name (print or type)

**SELF-PREPARED**

Preparer's Business Address (print or type)

**Refund, credit or zero returns.** Mail your return to:

Michigan Department of Treasury, P.O. Box 30726, Lansing, MI 48909-8226

**Pay amount on line 37.** Mail your check and return to:

Michigan Department of Treasury, P.O. Box 30727, Lansing, MI 48909-8227

Make your check payable to 'State of Michigan.' Print your Social Security number and '2009 income tax' on the front of your check. If paying on behalf of another taxpayer, write the taxpayer's name and Social Security number on the check. Do not staple your check to the return. Keep a copy of your return and all supporting schedules for six years. To check the status of your refund, have a copy of your MI-1040 available when you visit: [www.michigan.gov/iit](http://www.michigan.gov/iit)

**2012 MICHIGAN Individual Income Tax Return MI-1040****Return is due April 15, 2013.**

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0147

1. Filer's First Name <b>LEON</b>		M.I. <b>J</b>	Last Name <b>ARCHAMBAULT</b>		2. Filer's Social Security No. (Example: 123-45-6789)  — — 7724	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Social Security No. (Example: 123-45-6789)  — — 4989	
Home Address (Number, Street, or P.O. Box) <b>6805 EAST RD</b>						
City or Town <b>SAGINAW</b>			State <b>MI</b>	ZIP Code <b>48601</b>	4. School District Code (5 digits - see page 60) <b>73180</b>	
<b>5. STATE CAMPAIGN FUND</b> Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse				<b>6. FARMERS, FISHERMEN, SEAFARERS OR RETIREE</b> <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, seafaring or you are a pension recipient (see p. 11).		
<b>7. FILING STATUS.</b> Check one. a. <input type="checkbox"/> Single b. <input type="checkbox"/> Married, filing jointly c. <input checked="" type="checkbox"/> Married, filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>JOYCE A ARCHAMBAULT</b></div>				<b>8. RESIDENCY STATUS.</b> Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident* c. <input type="checkbox"/> Part-Year Resident* * If you check box "b" or "c," you must complete and attach Schedule NR.		

**9. EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d.

a. Number of exemptions claimed on 2012 federal return.....	9a.	1	x	\$3,763	9a.	3763	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b.	1	x	\$2,400	9b.	2400	00
c. Number of qualified disabled veterans .....	9c.		x	\$300	9c.		00
d. Claimed as dependent, see line 9 NOTE above .....	9d.	<input type="checkbox"/>			9d.		00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15 .....	9e.				9e.	6163	00

10. Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see p. 11) .....	10.	4777	00
11. Additions from Michigan Schedule 1, line 7. Attach Schedule 1 .....	11.		00
12. Total. Add lines 10 and 11 .....	12.	4777	00
13. Subtractions from Michigan Schedule 1, line 21. Attach Schedule 1 .....	13.	4777	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" .....	14.	0	00
15. Exemption allowance. Amount from line 9e or Schedule NR, line 19 .....	15.	6163	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" .....	16.	0	00
17. Tax. Multiply line 16 by 4.33% (0.0433) .....	17.	0	00

**NON-REFUNDABLE CREDITS**

	AMOUNT		CREDIT	
18. Income Tax Imposed by government units outside Michigan. Attach a copy of the return (see instructions).....	18a.		18b.	
19. Michigan Historic Preservation Tax credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a.		19b.	
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0" .....	20.	0		00

REV 10/23/12 TTO



Filer's Social Security Number

7724

21. Enter amount of Income Tax from line 20.....	21.	0	00
22. Voluntary Contributions from Form 4642, line 8. Attach Form 4642.....	22.		00
23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1, line 3, p. 9.....	23.	0	00
24. <b>Total Tax Liability.</b> Add lines 21, 22 and 23.....	24.	0	00

**REFUNDABLE CREDITS AND PAYMENTS**

25. Property Tax Credit. Attach MI-1040CR or MI-1040CR-2.....	25.	683	00
26. Farmland Preservation Credit. Attach MI-1040CR-5.....	26.		00
27. a. Federal Earned Income Tax Credit.....	27a.		00
b. Michigan Earned Income Tax Credit. Multiply line 27a by 6% (0.06).....	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). Attach Form 3581.....	28.		00
29. Michigan tax withheld from Schedule W, line 7. Attach Schedule W (do not submit W-2's).....	29.		00
30. Estimated tax, extension payments and 2011 credit forward.....	30.		00
31. <b>Total refundable credits and payments.</b> Add lines 25, 26, 27b, 28, 29 and 30.....	31.	683	00

**REFUND OR TAX DUE**

32. If line 31 is less than line 24, subtract line 31 from line 24. Include interest <input type="text"/> and penalty <input type="text"/> if applicable (see p. 12) <b>YOU OWE</b>	32.		00
33. <b>Overpayment.</b> If line 31 is greater than line 24, subtract line 24 from line 31.....	33.	683	00
34. <b>Credit Forward.</b> Amount of line 33 to be credited to your 2013 estimated tax for your 2013 tax return.....	34.		00
35. Subtract line 34 from line 33..... <b>REFUND</b>	35.	683	00

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See page 13 and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account 1. <input type="checkbox"/> Checking 2. <input type="checkbox"/> Savings

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2011, check the appropriate box below.

☐ Filer is deceased.

☐ Spouse is deceased.

**Taxpayer Certification.** I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature

Date

Spouse's Signature

Date

☐ By checking this box, I authorize Treasury to discuss my return with my preparer.

**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN

Preparer's Business Name (print or type)

SELF PREPARED

Preparer's Business Address (Print or Type)

**Refund, credit, or zero returns.** Mail your return to: Michigan Department of Treasury, Lansing, MI 48956

**Pay amount on line 32.** Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

Make your check payable to "State of Michigan." Print your Social Security number and "2012 Income Tax" on the front of your check. If paying on behalf of another taxpayer, write the taxpayer's name and Social Security number on the check. Do not staple your check to the return. Keep a copy of your return and supporting schedules for six years. To check your refund status, have a copy of your MI-1040 available when you visit [www.michigan.gov/it](http://www.michigan.gov/it)

REV 10/23/12 TTD

C

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN - NORTHERN DIVISION**

In re:

**Leon Archambault & Joyce Archambault,**

Debtor(s),  
\_\_\_\_\_ /

Case No.13-21945

Chapter 13 Proceeding

Hon. Daniel S. Opperman

**ORDER SUSTAINING OBJECTION TO PROOF OF CLAIM 6 -  
MICHIGAN DEPARTMENT OF TREASURY**

THIS MATTER, having come before the Court on the Objections of the Debtor to the claim of Michigan Department of Treasury, and this Court being otherwise fully advised in the premises.

NOW THEREFORE, IT IS HEREBY ORDERED that the objection to Michigan Department of Treasury's proof of claim 6 is sustained and the claim is disallowed.

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN - NORTHERN DIVISION**

In re:

**Leon Archambault & Joyce Archambault,**

Debtor(s),

Case No.13-21945

Chapter 13 Proceeding

Hon. Daniel S. Opperman

**NOTICE OF OBJECTION TO PROOF OF CLAIM 6 -  
MICHIGAN DEPARTMENT OF TREASURY**

Debtor has filed an objection to your claim in this bankruptcy case.

**Your claim may be reduced, modified, or denied. You should read these papers carefully and discuss them with your attorney, if you have one.**

If you do not want the court to deny or change your claim, then on or before December 12, 2013, you or your lawyer must:

- a. File with the court a written response to the objection, explaining your position at:

United States Bankruptcy Court  
111 First Street  
P.O. Box 911  
Bay City, Michigan 48707

If you mail your response to the court for filing, you must mail it early enough so the court will receive it on or before the date stated above.

You must also mail a copy to:

Kimberly A. Kramer  
Attorney for Debtors  
916 Washington Ave., Ste. 320  
Bay City, MI 48708  
(989) 671-4333

Thomas W. McDonald, Jr.  
Chapter 13 Trustee  
3144 Davenport Avenue  
Saginaw, MI 48602  
(989) 672-6766

- b. Attend the hearing on the objection, scheduled to be held on **December 19, 2013 at 10:00 a.m. at** United States Bankruptcy Court, 111 First Street, Bay City, Michigan, unless your attendance is excused by mutual agreement between yourself and the objector's attorney. . (Unless the matter is disposed of summarily as a matter of law, the hearing shall be a pre-trial conference only; neither testimony nor other evidence will be received. A pre-trial scheduling order may be issued as a result of the pre-trial conference.)

**If you or your attorney do not take these steps, the court may deem that you do not oppose the objection to your claim, in which even the hearing will be canceled, and the objection sustained.**

Dated: November 5, 2013

Respectfully Submitted,  
**KIMBERLY KRAMER, P.L.C.**  
/s/ Kimberly A. Kramer  
**KIMBERLY A. KRAMER (P59045)**  
Attorney for Debtor  
916 Washington Avenue, Suite 320  
Bay City, MI 48708  
(989) 671-4333  
Kimberlykramerplc@sbcglobal.net

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN - NORTHERN DIVISION**

In re:

**Leon Archambault & Joyce Archambault,**

Debtor(s),

Case No.13-21945

Chapter 13 Proceeding

Hon. Daniel S. Opperman

/

**CERTIFICATE OF SERVICE**

STATE OF MICHIGAN     )  
  )SS.  
COUNTY OF BAY         )

The following entities were served by first class mail on November 5, 2013;

Michigan Department of Treasury, Revenue and Collections Division, First Floor,  
Treasury Building, Lansing, MI 48922;

Office of the U.S. Attorney, 101 First St., Ste. 200, Bay City, MI 48708;

Department of Justice, Tax Division, P.O. Box 55, Ben Franklin Station, Washington, DC  
20044;

IRS, P.O. Box 330500, Stop 15, Detroit, MI 48226;

Internal Revenue Service, P.O. Box 7346, Philadelphia, PA 19101-7346

The following entities were served by electronic transmission November 5, 2013;

Thomas W. McDonald, Jr.    [ecf@mcdonald13.org](mailto:ecf@mcdonald13.org)

I, Valerie E. Groulx, declare under the penalty of perjury that I have served the attached document on the above listed entities in the manner shown, and prepared the Certificate of Service and that it is true and correct to the best of my information and belief.

**OBJECTION TO PROOF OF CLAIM 6 - MICHIGAN DEPARTMENT OF TREASURY**

/s/ Valerie E. Groulx

VALERIE E. GROULX

PREPARED BY:  
KIMBERLY KRAMER, P.L.C.  
BY: KIMBERLY A. KRAMER (P59045)  
Attorney for Debtor(s)  
916 Washington Ave., Ste. 320  
Bay City, MI 48708  
(989) 671-4333  
[kimberlykramerplc@sbcglobal.net](mailto:kimberlykramerplc@sbcglobal.net)